

2016 Benefit Rates

(Per Pay Period)

	Anthe	em Blue C	ross	Kaiser Medical Plan			
	Select	Full Access	PPO	HDP		НМО	HDP
Member Only	\$ 285.76	\$ 666.27	\$ 553.37	\$ 432.47	Member Only	\$229.98	\$179.53
Member + 1	\$571.44	\$ 1,332.50	\$ 1,106.73	\$ 864.93	Member + 1	\$459.95	\$359.05
Member + 2	\$808.55	\$ 1,885.52	\$ 1,566.02	\$ 1,223.88	Member + 2	\$ 650.83	\$508.06

	Delta DHMO	Delta	
	Dental	PPO Dental	
Member Only	\$6.84	\$21.47	
Member + 1	\$12.36	\$42.93	
Member + 2	\$15.83	\$61.31	

Vision Service Plan					
Member Only	\$4.45				
Member + 1	\$10.28				
Member + 2	\$13.93				